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CLAIMANT'S NAME Frank McCarton			SSAN OR EMPLOYEE NUMBER 5227		DEPARTMENT CalEMA	
POSITION Undersecretary		CB/ID NUMBER E99	DIVISION OR BUREAU Executive Office		INDEX NUMBER 5120 Inland Region	
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 3650 Schriever Avenue		TELEPHONE NUMBER (916) 845-8539	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
			Mather	CA	95655	

0800 - 1700

0.50

[illegible]

714. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS/VOUCHERS WHEN REQUIRED)

1/14/2010: Governor's visit to Humboldt earthquake site

1/22/2010: Meeting with Governor

[illegible]

(15) I HEREBY CERTIFY That the above is a true statement of the travel expense as incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE _____

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